

### Abstract

*Background:* Medication reconciliation (MedRec) was established to address medication discrepancies that often result in harmful medication errors. A preliminary analysis found participants working in the project site emergency department (ED) to have a 28% compliance rate with the MedRec process. *Purpose:* To improve MedRec compliance by Advanced Practice Providers (APPs) working in the ED. *Methods:* The quality improvement (QI) project utilized a pre and posttest intervention design for baseline knowledge and compliance about MedRec before and after education. This survey was adapted from the Institute of Safe Medication Practice (ISMP). An educational brochure was an additional intervention on the importance of the MedRec process. Pre-intervention compliance report rates were used and compared to the post-intervention provider productivity compliance rates after education to demonstrate the effectiveness of the intervention. *Results:* The outcome showed a 1% increase indicating a higher level of knowledge and no statistically significant change from APP baseline practice compliance data to post education compliance rates. The outcome of the survey analysis showed an increase in knowledge after education, and no statistical significance. The increase in knowledge was achieved in > 50% in the survey questions. *Conclusions:* The MedRec process remains the required standard to achieve medication safety in the ED. Current literature on APPs performing MedRec is scarce. Strategies must be implemented to increase the APPs' compliance with the MedRec process in the emergency department (ED), including implementing effective educational interventions tailored to increase their knowledge and improve compliance.

*Keywords:* medication reconciliation, medication errors, (ED), adherence, mid-level providers